

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1566

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp.				d. STREET ADDRESS (If rural, give location) 1519 Burd			
3. NAME OF DECEASED (Type or Print)		a. (First) ISADORE		b. (Middle)		c. (Last) HIKEN	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH MAR. 10, 1910		9. AGE (In years last birthday) 39		10. MONTHS 6		11. DAYS 15	
12. HOURS 1950		13. MINUTES		14. SECONDS		15. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hyman Hiken		13b. MOTHER'S MAIDEN NAME Lena Cunk		14. NAME OF HUSBAND OR WIFE Pauline		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY 497-03-3784		17. INFORMANT'S SIGNATURE OR NAME MRS. PAULINE Hiken		18. ADDRESS 1519 Burd		19. MEDICAL CERTIFICATION	
18. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fr. of skull and chest		20. ANTECEDENT CAUSES suffered in collision between truck driven by deceased and truck driven by Henry Cernick at intersection of Virginia and Hickory streets about 11:50 am Feb. 15 1950		21. INTERVAL BETWEEN ONSET AND DEATH	
22. DATE OF OPERATION Feb 15 50		23. MAJOR FINDINGS OF OPERATION 000 Accident		24. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		25. DATE OF OPERATION Feb 15 50	
26. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		27. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office bldg., etc.) Accident		28. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Louis Mo		29. STATE Mo	
30. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 15 50 11:50 A.M.		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR? 26		33. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 A.M. from the causes and on the date stated above.	
34. SIGNATURE Joseph H. ...		35. ADDRESS 13 ... Clair		36. DATE SIGNED 2/16/50		37. BURIAL CREMATORY (Specify) Hebra Edisha	
38. DATE 2/17/50		39. NAME OF CEMETERY OR CREMATORY Hebra Edisha		40. LOCATION (City, town, or county) (State) University City Mo		41. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb 17 1950	
42. REGISTRAR'S SIGNATURE J. B. ...		43. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial - 47 B McPherson		44. ADDRESS		45. DATE	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mary

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James J. Pindley*

Licensed Embalmer No. *4229*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.